

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2012 MAY 30 AM 11:30
FEC MAIL CENTER
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Health PAL

ADDRESS (number and street)

220 Fairmount Ave NE

☐

(Check if address
is changed)

Warren

OH

44483

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

chris@healthpalpac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.healthpalpac.com

2. DATE

03^M / 20^D / 2012^Y

3. FEC IDENTIFICATION NUMBER

C 00516880

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Chris Litton

Signature of Treasurer

Date

05^M / 29^D / 2012^Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
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